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Image# 12971114613

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

| | | | Office Use Only |
|---|--|--|--|
| NAME OF COMMITTEE (in full) | PE OR PRINT ▼ | Example: If typing, type over the lines. | 12FE4M5 |
| Immigration911, LLC | | | |
| | | | |
| | | | |
| ADDRESS (number and street) | PO BOX 10010 | | |
| Check if different | | | |
| than previously reported. (ACC) | Manassas | | VA 20108 - L |
| 2. FEC IDENTIFICATION NUM | BER ▼ CITY | A | STATE ▲ ZIP CODE ▲ |
| C C00495259 | 3. IS RE | THIS NEW (N) OR | AMENDED (A) |
| 4. TYPE OF REPORT (Choose One) | Report | 0 (M2) May 20 (M5 | 5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) |
| (a) Quarterly Reports: | | 0 (M3) Jun 20 (M6 | (Non-Election Year Only) |
| April 15 Quarterly Report (Q1) | Apr 2 | 0 (M4) Jul 20 (M7) | Oct 20 (M10) Jan 31 (YE) |
| July 15 | (c) 12-Day PRE-Election | Primary (12P) | General (12G) Runoff (12R) |
| Quarterly Report (Q2) October 15 | Report for the: | Convention (12C) | Special (12S) |
| Quarterly Report (Q3) | | M M / D D / | Y Y Y Y in the |
| January 31 Year-End Report (YE) | Election | on | State of |
| July 31 Mid-Year Report (Non-election Year Only) (MY) | (d) 30-Day POST-Election Report for the: | General (30G) | Runoff (30R) Special (30S) |
| Termination Report (TER) | Election | on/ _D = D / | in the State of |
| 5. Covering Period 01 | 01 2012 | through 03 | 31 2012 |
| I certify that I have examined this | Report and to the best of n | ny knowledge and belief it is | true, correct and complete. |
| - | Szilvia Vukovics | | |
| Signature of Treasurer Szilvia V | iukovics | [Electronically Filed] | Date 04 / 15 / 2012 |
| NOTE: Submission of false, erroneou | is, or incomplete information | may subject the person signing | this Report to the penalties of 2 U.S.C. §437g. |
| Office Use | | | FEC FORM 3X Rev. 12/2004 |

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

| | FEC Form 3X (Rev. 02/2003) | OF RECEIPTS AND DISBURSEMENTS | Page 2 |
|-----|--|---|-----------------------------------|
| | Write or Type Committee Name Immigration911, LLC | | |
| F | Report Covering the Period: From: | 01 01 / 2012 To: | 03 31 / 2012 |
| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. | (a) Cash on Hand January 1, 2012 | | 132774.91 |
| | (b) Cash on Hand at Beginning of Reporting Period | 132774.91 | |
| | (c) Total Receipts (from Line 19) | 47631.00 | 47631.00 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 180405.91 | 180405.91 |
| 7. | Total Disbursements (from Line 31) | 38110.65 | 38110.65 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 142295.26 | 142295.26 |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. | the Committee (Itemize all on Schedule C and/or Schedule D) | 178601.91 | |
| | This committee has qualified as a mult | ticandidate committee. (see FEC FORM 1M) | |
| | | For further information contact: | |
| | | Federal Election Commission 999 E Street, NW Washington, DC 20463 | |
| | | Toll Free 800-424-9530 Local 202-694-1100 | |

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

| lmi | miar | atior | า911 | - 11 | C |
|-------|------|-------|------|------|---|
| 11111 | HIGH | aliOi | 1011 | , – | |

| Report Covering the Period: From: 01 | 01 2012 | To: 03 31 2012 |
|---|-------------------------------|-----------------------------------|
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| . Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other | | |
| Than Political Committees | | 075.00 |
| (i) Itemized (use Schedule A) | 275.00 | 275.00 |
| | | 050.00 |
| (ii) Unitemized | , 856.00 | 856.00 |
| (iii) TOTAL (add | 1131.00 | 1131.00 |
| Lines 11(a)(i) and (ii)▶ | 1131.00 | 1131.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | | |
| (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines | | |
| 11(a)(iii), (b), and (c)) (Carry | | |
| Totals to Line 33, page 5)▶ | 1131.00 | 1131.00 |
| 2. Transfers From Affiliated/Other | | |
| Party Committees | 0.00 | 0.00 |
| 3. All Loans Received | 46500.00 | 46500.00 |
| | | |
| Loan Repayments Received | 0.00 | 0.00 |
| 5. Offsets To Operating Expenditures | | |
| (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 0.00 |
| 7. Other Federal Receipts | 0.00 | 9 9 |
| (Dividends, Interest, etc.) | 0.00 | 0.00 |
| B. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account | | |
| (from Schedule H3) | 0.00 | 0.00 |
| _ | | |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| | | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 7 |
| otal Federal Receipts | | |
| (subtract Line 18(c) from Line 19)▶ | 47631.00 | 47631.0 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| (ii) Non-Federal Share(b) Other Federal Operating | 0.00 | 0.00 |
| Expenditures | 38110.65 | 38110.65 |
| (c) Total Operating Expenditures | | |
| (add 21(a)(i), (a)(ii), and (b))▶ | 38110.65 | 38110.65 |
| Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| Contributions to | 0.00 | |
| Federal Candidates/Committees and Other Political Committees | 0.00 | 0.00 |
| Independent Expenditures | 0.00 | 0.00 |
| (use Schedule E) | 0.00 | 0.00 |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| (ass estication) | | |
| Loan Repayments Made | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| Loans Made Refunds of Contributions To: | 0.00 | 0.00 |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| Than I chaoai committees | | |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | | 0.00 |
| (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds | | |
| (add Lines 28(a), (b), and (c))▶ | 0.00 | 0.00 |
| Other Disbursements | 0.00 | 0.00 |
| Other Dispursements | 0.00 | 0.00 |
| Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity | | |
| (from Schedule H6) | 0.00 | 0.00 |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely | | |
| With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 |
| Total Disbursements (add Lines 21(c), 22, | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 38110.65 | 38110.65 |
| Total Federal Pick was a con- | | |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| from Line 31) | 38110.65 | 38110.65 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | | | |
|---|-------------------------------|-----------------------------------|--|--|--|--|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 1131.00 | 1131.00 | | | | |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 | | | | |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1131.00 | 1131.00 | | | | |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 38110.65 | 38110.65 | | | | |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 | | | | |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | 38110.65 | 38110.65 | | | | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

25

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Immigration911, LLC Full Name (Last, First, Middle Initial) Stan Dull Date of Receipt Mailing Address 2012 City Zip Code State Transaction ID: SA11AI.4217 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 24525.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara L Hurst Date of Receipt Mailing Address 01 31 2012 City State Zip Code Transaction ID: SA11AI.4241 VA Manassas Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 275.00 SUBTOTAL of Receipts This Page (optional)..... 275.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

federal political committee.

Other (specify)

Name of Employer

Primary

Receipt For:

c. Stan Dull Mailing Address

B. Stan Dull Mailing Address

General

Occupation

Aggregate Year-to-Date ▼

| lm | age# 12971114619 | | | |
|-------------------|--|------------|---|--|
| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 OF 25 (check only one) 11a |
| | ny information copied from such Reports and St | | | |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) Immigration911, LLC | | | |
| Δ. | Full Name (Last, First, Middle Initial) Stan Dull | | | Date of Receipt |
| | Mailing Address | | | 01 03 2012 |
| | City | State | Zip Code | Transaction ID : SA13.4259 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 |
| | Name of Employer | Occupation | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | |
| 3. | Full Name (Last, First, Middle Initial) Stan Dull | | | Date of Receipt |
| | Mailing Address | | | 01 05 2012 |
| | City | State | Zip Code | Transaction ID : SA13.4264 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 5000.00 |
| | Name of Employer | Occupation | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 6000.00 | |
| С. | Full Name (Last, First, Middle Initial) Stan Dull | | | Date of Receipt |
| | Mailing Address | | | 01 05 Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID : SA13.4265 Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 8500.00 |

14500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

14500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

C

| lma | age# 12971114620 | | | | | | | | | | | | | |
|-------------------|---|------------|---|---------------|-----------|----|-------------|---|------|----------|----|--|--|--|
| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the | _ | ck only | _ | MBER: e) | PAG | 8 OF | 25 | | | | |
| | | | Detailed Summary Page | × | 11a 13 | | 11b 14 | 11c 15 | | 12 16 | 17 | | | |
| | ly information copied from such Reports and St for commercial purposes, other than using the | | | | | | | | | | | | | |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) Immigration911, LLC | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Stan Dull | | | | ate of | Re | ceipt | | | | | | | |
| | Mailing Address | | | | | | | / Y | _ 2 | 012 | | | | |
| | City | State | Zip Code | | | | | SA13.42 eceipt tl | | Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | , | | 10000.00 |) | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 24500.00 | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Stan Dull | | | | ate of | Re | ceipt | | | | | | | |
| | Mailing Address | | | 7 | M = M | / | 25 | / Y | 20 | 012 | 1 | | | |
| | City | State | Zip Code | Transaction I | | | | ion ID : SA13.4267 Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | , | | 10000.00 |) | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 34525.00 | | | | | | | | | | | |
| c. | Full Name (Last, First, Middle Initial) Stan Dull | | | | ate of | Re | ceipt | | | | | | | |
| | | | | | | | | | | | | | | |

| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 34525.00 | |
|--|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) Stan Dull Mailing Address City | State Zip Code | Date of Receipt 02 23 2012 |
| FEC ID number of contributing federal political committee. Name of Employer | C Occupation | Transaction ID: SA13.4268 Amount of Each Receipt this Period 6000.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 40525.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 26000.00 |

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| Harana and a sala adala (a) | | LINE | NU | MBER | : | PAGE | 9 (|)F | 25 |
|---|------|---------|----|------|---|------|-----|----|----|
| Use separate schedule(s) for each category of the | (che | ck only | or | ne) | | | | | |
| Detailed Summary Page | | 11a | | 11b | | 11c | 12 | | _ |
| , , | × | 13 | | 14 | | 15 | 16 | | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Immigration911, LLC Full Name (Last, First, Middle Initial) Stan Dull Date of Receipt Mailing Address 03 21 2012 City State Zip Code Transaction ID: SA13.4269 Amount of Each Receipt this Period FEC ID number of contributing C 6000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 46525.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 6000.00 SUBTOTAL of Receipts This Page (optional).....

46500.00

TOTAL This Period (last page this line number only).....

17

| 50 | CHEDULE B (FEC Form 3X) | Harasan I. Carlo | FOR LINE | NUMBER: | PAGE 10 OF 25 | | | | | |
|-------------|--|--|-----------------------------|------------------------|------------------------------------|--|--|--|--|--|
| IT | EMIZED DISBURSEMENTS | Use separate schedule(s for each category of the |) (check onl | y one) | | | | | | |
| | | Detailed Summary Page | X 21b 27 | 22 23 28a 28 | | | | | | |
| | ny information copied from such Reports and Staten | | | | | | | | | |
| or | for commercial purposes, other than using the name | ne and address of any polit | ical committee t | o solicit contribution | ons from such committee. | | | | | |
| $ \rangle$ | NAME OF COMMITTEE (In Full) Immigration911, LLC | | | | | | | | | |
| | | | | | | | | | | |
| ^ | Full Name (Last, First, Middle Initial) | | | Date of Disbu | roomant | | | | | |
| Α. | Battlestar Entertainment, Inc. | | | | rsement | | | | | |
| | Mailing Address Rt 1 Box 269 | | | 03 | 31 2012 | | | | | |
| | | State Zip Code | | Transaction | ID : SB21B.4274 | | | | | |
| | High View Purpose of Disbursement | WV 26808 | | - | | | | | | |
| | Employee Payroll | | 001 | Amount of Ea | ch Disbursement this Period | | | | | |
| | Candidate Name | | Category/ | | 7334.75 | | | | | |
| | Office Cought House | want Fam | Type | | | | | | | |
| | Office Sought: House Disburser Senate | nent For: Primary General | | [MEMO ITEM] | | | | | | |
| | President | Other (specify) ▼ | | | | | | | | |
| | State: District: | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | |
| В. | Card Services | | | Date of Disbu | | | | | | |
| | Mailing Address | | | 03 | 31 2012 | | | | | |
| | City | | Transaction ID : SB21B.4302 | | | | | | | |
| | Purpose of Disbursement Facebook/Internet Advertising | | 004 | Amount of Ea | ch Disbursement this Period | | | | | |
| | Candidate Name | | Category/ Type | | 10854.74 | | | | | |
| | Office Sought: House Disbursen | nent For: | ı | | | | | | | |
| | Senate President | Other (appoint) — General | | | | | | | | |
| | State: District: | Other (specify) ▼ | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | |
| C. | Charlie | | | Date of Disbu | rsement | | | | | |
| | Mailing Address | | | 03 | 31 2012 | | | | | |
| | City | State Zip Code | | Transaction | ID : SB21B.4300 | | | | | |
| | Purpose of Disbursement PAC membership kit | | 004 | - - - | | | | | | |
| | Candidate Name | | Category/ | Amount of Ea | ch Disbursement this Period 325.00 | | | | | |
| | Office Sought: House Disburser | nent For: | Туре | | 525.00 | | | | | |
| | | Primary General | | | | | | | | |
| | President | Other (specify) | | | | | | | | |
| _ | State: District: | | | | | | | | | |
| s | SUBTOTAL of Disbursements This Page (optional) | | | | 11179.74 | | | | | |
| \vdash | | | | | | | | | | |
| T | OTAL This Period (last page this line number only) | ••••• | | | | | | | | |

S ľ

| S | CHEDULE B (FEC Form 3X) | | | FOR LINE | E NU | MBER: | | | | PAGE | 11 | OF | 25 |
|------------|---|--|-----|-------------------|------------|------------|-------|-------|------|---------|------------|-------|-----|
| IT | EMIZED DISBURSEMENTS | Use separate schedule(s for each category of the | | (check on | • | - ′ | | | | , | | | |
| | | Detailed Summary Page | | X 21b |) <u> </u> | 22 | | 23 | | 24 | 25 | | 26 |
| | | | | 27 | | 28a | | 28b | | 28c | 29 | | 30b |
| | ny information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| $ \rangle$ | Immigration911, LLC | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| Α. | Comcast | | | | | Date of | Disk | ourse | | | Y Y | V | |
| | Mailing Address PO BOX 3005 | | | | | 03 | | 24 | | L | 2012 | Ш | |
| | City | State Zip Code | | | | T | 4!- | ID | | | | | |
| | Southeastern | PA 19398 | | | | irans | actio | טו חכ | : 36 | 321B.42 | 98 | | |
| | Purpose of Disbursement Telephone Line | | Г | 001 | , | Amount | of E | ach | Disk | ourseme | ent this | Perio | d |
| | Candidate Name | | 7 | Category/ | | | | | | | 31 | 4.46 | П |
| | Office Occupied | | | Туре | | _ | | | - | 7 | 31 | 7.70 | _ |
| | Office Sought: House Disbursen Senate | nent For: Primary General | | | | | | | | | | | |
| | | Other (specify) | | | | | | | | | | | |
| | State: District: | Canon (opening) | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| В. | | | | | | Date of | Disk | | | | | | |
| | Mailing Address | | | | | 03 | | 3 | | / Y | 2012 | Y | |
| | City | State Zip Code | | | | Trans | actic | on ID | : SI | B21B.42 | 296 | | |
| | Purpose of Disbursement Merchandise Purchase | | Г | 004 | _ ا | Amount | of E | Each | Disk | ourseme | ent this | Perio | od |
| | Candidate Name | | ┧┕, | Category/ | | - | | - | - | | - | _ | 7 |
| | | | ` | Type | | | . , | | | | 33 | 8.63 | |
| | Office Sought: House Disbursen | nent For: | | | | | | | | | | | |
| | | Primary General | | | | | | | | | | | |
| | President State: District: | Other (specify) ▼ | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | + | | | | | | | | |
| C. | Hutchison International, LLC | | | | | Date of | Disk | ourse | mer | nt | | | |
| | Mailing Address 4151 Winchester Road | | | | - | M = M | / | 3 | | | y y 2012 | Υ | |
| | Mailing Address 4151 Willchester Road | | | | | 03 | | , J | | | 2012 | | |
| | | State Zip Code | | | | Trans | actio | n ID | : SE | B21B.42 | 277 | | |
| | Marshall Purpose of Disbursement | VA 20115 | | | 4 | | | | | | | | |
| | rulpose of disbursement | | П | 001 | | ^ | | | D:-1 | | | D. de | a. |
| | Candidate Name | | ۲, | | | Amount | OTE | acn | DISC | ourseme | ent this | Perio | a |
| | | | ' | Category/ Type | | | | | | | 1501 | 5.00 | |
| | Office Sought: House Disbursen | ment For: | 1 | - | ┪ ' | | | | | , | | | |
| | | Primary General | | | | | | | | | | | |
| | | Other (specify) ▼ | | | | | | | | | | | |
| _ | State: District: | | | | | | | | | | | | |
| s | SUBTOTAL of Disbursements This Page (optional) | | | ·····• | | | | | | | 1566 | 3.09 | |
| H | | | | · | | | | | | | | | ī |
| T | 'OTAL This Period (last page this line number only) | | | | | | | | | 7 | | | |

| | Llee epparate ashedular | FOR LINE | • |
|--|---|--------------------------|--|
| ITEMIZED DISBURSEMENTS | Use separate scheduler for each category of the Detailed Summary Page | e (oneok only | one) 22 23 24 25 26 28a 28b 28c 29 30 |
| Any information copied from such Reports and Stater or for commercial purposes, other than using the nar | | | |
| NAME OF COMMITTEE (In Full) Immigration911, LLC | ne and address of any po | mical committee to | Solicit Contributions from Such Committee. |
| Full Name (Last, First, Middle Initial) | | | Data of Bishamanan |
| A. Independence Realty, LLC | | | Date of Disbursement |
| Mailing Address 10307 piper lane | | | 03 31 2012 |
| City | State Zip Code | | Transaction ID : SB21B.4292 |
| manassas Purpose of Disbursement | VA 20110 | | Transaction ID . 3D21B.4292 |
| Office Supplies | | 001 | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 350.00 |
| Office Cought | | Type | 330.00 |
| Office Sought: House Disburser Senate President | ment For: Primary ☐ General Other (specify) ▼ | I | |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Disbursement |
| B. JTC, Inc. | | | Mam / Dab / Yayayay |
| Mailing Address 9720 Capital Court #305 | | | 03 31 2012 |
| • | State Zip Code | | Transaction ID : SB21B.4288 |
| Manassas Purpose of Disbursement | VA 20110 | | |
| Computer Maintanance | | 001 | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ Type | 215.93 |
| Office Sought: House Senate President State: Disburser | ment For: Primary General Other (specify) ▼ | ı | |
| Full Name (Last, First, Middle Initial) C. NOVA Digital Fils | | | Date of Disbursement |
| Mailing Address 9702 Dublin Drive | | | 03 31 2012 |
| | O | | |
| City | State Zip Code | | Transaction ID · SR21R 4280 |
| Manassas | VA 20109 | | Transaction ID : SB21B.4280 |
| | | 004 | |
| Manassas | | 004 Category/ Type | Amount of Each Disbursement this Period |
| Manassas Purpose of Disbursement Candidate Name | | Category/ Type | Amount of Each Disbursement this Period |
| Manassas Purpose of Disbursement Candidate Name Office Sought: House Disburser Senate President | ment For: Primary General Other (specify) | Category/ Type | Amount of Each Disbursement this Period |

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| SCHE | DULE B (FEC Form 3X) | | FOR LINE NUMBER: PAGE 13 OF | | | | | | OF 25 | |
|------------------|---|--|-----------------------------|-----------|---------|----------|--------------|-----------|----------|---------|
| ITEMI | ZED DISBURSEMENTS | Use separate schedule(s for each category of the | (check | only one) | _ | ¬ •• | | 10: 5 | | |
| | | Detailed Summary Page | X^2 | | 2 | 23 | | 24 28c | 25 | 26 |
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| | rmation copied from such Reports and Staten ommercial purposes, other than using the nam | | | | | | | | | |
| I \ | E OF COMMITTEE (In Full) | | | | | | | | | |
| \rangle Imn | nigration911, LLC | | | | | | | | | |
| | Name (Last, First, Middle Initial) | | | | | | | | | |
| A. Szil | Ivia Vukovics | | | Da | e of E | Disburse | | | Y | Y |
| Mailin | ng Address PO BOX 10010 | | | | 03 | 3 | 31 | L | 2012 | |
| City | \$ | State Zip Code | | | | tion ID | | D24B 42 | 70 | |
| Mana | | VA 20108 | | | ansac | tion ib | · : 31 | B21B.42 | 19 | |
| Purpo | ose of Disbursement | | 001 | Am | ount c | of Each | Disl | burseme | nt this | Period |
| Cand | idate Name | | Category/ Type | | | | | | 6399 | 9.85 |
| Office | e Sought: House Disbursen | nent For: | Турс | | | , | | , | | |
| | Senate | Primary General | | | | | | | | |
| 0 | President | Other (specify) ▼ | | | | | | | | |
| State | | | | | | | | | | |
| Full N B. | Name (Last, First, Middle Initial) | | | Da | o of F | Disburse | mar | nt | | |
| Б. | | | | Da | .e oi L | / D | | | Y | V |
| Mailin | ng Address | | | IVI | - M | | | | | |
| City | (| State Zip Code | | | | | | | | |
| Purpo | ose of Disbursement | | | Am | ount c | of Fach | Disl | burseme | ent this | Period |
| Candi | idate Name | | Cotogony | | | Laci | <i>D</i> 101 | 701001110 | 111 1110 | 1 01100 |
| | | | Category/ Type | | | , | | - 7 | | |
| Office | Sought: House Disbursen | nent For: | | | | | | | | |
| | Senate | Primary General | | | | | | | | |
| State | | Other (specify) ▼ | | | | | | | | |
| | Name (Last, First, Middle Initial) | | | | | | | | | |
| C. | | | | Da | e of E | Disburse | emer | nt | | |
| Mailin | ng Address | | | М | M | / D | D | / Y | Y | Y |
| City | | State Zip Code | | | | | | | | |
| Purpo | ose of Disbursement | | | _ | | | | | | |
| | | | | Am | ount c | of Each | Disl | burseme | nt this | Period |
| Cand | idate Name | | Category/ Type | | | | | | | |
| Office | e Sought: House Disburser | nent For: | 1 7. | | | 7 | | 7 | | |
| | | Primary General | | | | | | | | |
| 2 | President | Other (specify) ▼ | | | | | | | | |
| State | : District: | | | | | | | | | |
| SUBTO | TAL of Disbursements This Page (optional) | | | | | , | | | 6399 | 9.85 |
| | | | | - = | - | | | | 37563 | 2 61 |
| TOTAL | This Period (last page this line number only) | | | L | | , | | - 7 | 3/303 |).U I |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 14 OF 25 FOR LINE 13 OF FORM 3X

| | | Detailed Summary Page FOR LINE 13 OF FORM 3X |
|---|-------------------------------|--|
| ME OF COMMITTEE (In Full) | | Transaction ID : SC/10.4259 |
| nmigration911, LLC | | |
| LOAN SOURCE Full Name (Last, Footnote Stan Dull | irst, Middle Initial) | Election: Primary General |
| Mailing Address | | Other (specify) ▼ |
| City | State ZIP | Code |
| Original Amount of Loan | Cumulative Payment | |
| 1000.0 | 0 | 0.00 |
| Date Incurred O1 | | ue Interest Rate Secured: 1/1/2017 10.00 % (apr) Yes |
| List All Endorsers or Guarantors (if | • • | |
| Full Name (Last, First, Middle Init | ial) | Name of Employer |
| Mailing Address | | Occupation |
| City | itate ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initia | al) | Name of Employer |
| Mailing Address | | Occupation |
| City | itate ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initia | al) | Name of Employer |
| Mailing Address | | Occupation |
| City | state ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initia | al) | Name of Employer |
| Mailing Address | | Occupation |
| City | state ZIP Code | Amount Guaranteed Outstanding: |
| JBTOTALS This Period This Page (op | itional) | |
| OTALS This Period (last page in this I | ine only) | > |
| arry outstanding balance only to LINE | 3, Schedule D, for this line. | If no Schedule D, carry forward to appropriate line of Summary |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 15 OF 25
FOR LINE 13 OF FORM 3X

| | | Detailed Summary Page FOR LINE 13 OF FORM 3X |
|---|---------------------------------|---|
| AME OF COMMITTEE (In Full) | | Transaction ID : SC/10.4264 |
| mmigration911, LLC | | |
| LOAN SOURCE Full Name (Last, F Stan Dull | First, Middle Initial) | Election: Primary General |
| Mailing Address | | Other (specify) ▼ |
| City | State ZIP | Code |
| Original Amount of Loan | Cumulative Payment | To Date Balance Outstanding at Close of This Period |
| 5000. | 00 | 0.00 5000.00 |
| TERMS Date Incurred 01 05 2012 | | ue Interest Rate Secured: 1/1/2017 10.00 % (apr) Yes N |
| List All Endorsers or Guarantors (i 1. Full Name (Last, First, Middle In | | Name of Employer |
| 1. I dii Name (Last, First, Middle iii | iliai) | Name of Employer |
| Mailing Address | | Occupation |
| City | State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Init | ial) | Name of Employer |
| Mailing Address | | Occupation |
| City | State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Init | ial) | Name of Employer |
| Mailing Address | | Occupation |
| | State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Init | ial) | Name of Employer |
| Mailing Address | | Occupation |
| City | State ZIP Code | Amount Guaranteed Outstanding: |
| UBTOTALS This Period This Page (o | ptional) | 5000.00 |
| OTALS This Period (last page in this | line only) | > |
| arry outstanding balance only to LIN | E 3, Schedule D, for this line. | If no Schedule D, carry forward to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 16 OF 25

FOR LINE 13 OF FORM 3X

| | | Detailed Summary Page FOR LINE 13 OF FORM 3X |
|---|-------------------------------|--|
| ME OF COMMITTEE (In Full) | | Transaction ID : SC/10.4265 |
| nmigration911, LLC | | |
| LOAN SOURCE Full Name (Last, Find Stan Dull | rst, Middle Initial) | Election: Primary General |
| Mailing Address | | Other (specify) ▼ |
| City | State ZIP | Code |
| Original Amount of Loan | Cumulative Payment | To Date Balance Outstanding at Close of This Peri |
| 8500.0 | 0 | 0.00 8500.00 |
| Date Incurred O1 | Date Do | ue Interest Rate Secured: 1/1/2017 10.00 % (apr) Yes X |
| List All Endorsers or Guarantors (if | | |
| Full Name (Last, First, Middle Init | ial) | Name of Employer |
| Mailing Address | | Occupation |
| City | itate ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initia | al) | Name of Employer |
| Mailing Address | | Occupation |
| City | itate ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initia | al) | Name of Employer |
| Mailing Address | | Occupation |
| City | itate ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initia | al) | Name of Employer |
| Mailing Address | | Occupation |
| City | state ZIP Code | Amount Guaranteed Outstanding: |
| JBTOTALS This Period This Page (op | itional) | 8500.00 |
| OTALS This Period (last page in this I | ine only) | > |
| arry outstanding balance only to LINE | 3, Schedule D, for this line. | If no Schedule D, carry forward to appropriate line of Summary |

Use separate schedule(s) for each category of the

PAGE 17 OF 25

FOR LINE 13 OF FORM 3X

| | | Detailed Su | ummary Page | FOR LINE 13 OF FORM 3X |
|--|--------------------------------|----------------------------|-------------------|-------------------------------------|
| AME OF COMMITTEE (In Full) | | • | Transaction | on ID : SC/10.4266 |
| mmigration911, LLC | | | | |
| LOAN SOURCE Full Name (Last, | First, Middle Initial) | | Elec | ction: |
| Stan Dull | , | | | Primary |
| | | | | General |
| Mailing Address | | | | Other (specify) ▼ |
| City | State ZIF | P Code | | |
| Original Amount of Loan | Cumulative Paymer | | Balance (| Outstanding at Close of This Period |
| | | | | |
| 1000 | 0.00 | 0.00 | 0 | 10000.00 |
| TERMS | | | | |
| Date Incurred | Date | Due | Interest Rate | Secured: |
| 01 12 2012 | | 1/17/2017 | 10.00 | % (apr) Yes No |
| List All Endorsers or Guarantors | | | | |
| 1. Full Name (Last, First, Middle | nitial) | Name of Em | ployer | |
| Mailing Address | _ | Occupation | | |
| | | Amount | | |
| City | State ZIP Code | Guaranteed Outstanding: | | |
| 2. Full Name (Last, First, Middle Ir | uitial) | Name of Em | | |
| | , | 1101111 | p. 10 y 0. | |
| Mailing Address | | Occupation | | |
| | | Amount | | |
| City | State ZIP Code | Guaranteed Outstanding: | , | |
| 3. Full Name (Last, First, Middle Ir | iitial) | Name of Em | | |
| · | | | | |
| Mailing Address | | Occupation | | |
| | | Amount | | |
| City | State ZIP Code | Guaranteed Outstanding: | | |
| 4. Full Name (Last, First, Middle Ir | iitial) | Name of Em | ployer | |
| Mailian Addusas | | | | |
| Mailing Address | | Occupation | | |
| | | Amount | | |
| City | State ZIP Code | Guaranteed Outstanding: | 7 | |
| | | | | |
| | | | | |
| UBTOTALS This Period This Page | optional) | | <u> </u> | 10000.00 |
| OTALS This Period (last page in thi | s line only) | | . | 7 |
| Nounce outstanding belower only to 1.1 | NE 2 Cabadula D. fan this iin | a If wa Cabadista | D. comm. formers. | to annuanciate line of Occurrence |
| Carry outstanding balance only to LI | N⊑ 3, Scheaule D, for this lin | e. II 110 Scheaule | ט, carry forward | to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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| | | Detailed | Summary Page | FOR LINE | 13 OF FORM 3X |
|---|---------------------------------|-------------------------------------|------------------|-------------------------|----------------------|
| AME OF COMMITTEE (In Full) | | - | Transac | tion ID : SC/10.4 | 4267 |
| mmigration911, LLC | | | | | |
| LOAN SOURCE Full Name (Last, Find Stan Dull | rst, Middle Initial) | | E | ection: Primary General | |
| Mailing Address | | | | Other (specify | /) ▼ |
| City | State ZIP C | ode | | | |
| Original Amount of Loan | Cumulative Payment To | o Date | Balance | Outstanding at | Close of This Period |
| 10000.0 | 0 | 0. | 00 | | 10000.00 |
| TERMS Date Incurred | Date Due | } | Interest Rate | | Secured: |
| 01 / 25 / Y 2012 | | 1/1/2017 | 10.00 | % (apr) | Yes No |
| List All Endorsers or Guarantors (if | | | | | |
| 1. Full Name (Last, First, Middle Initi | al) | Name of E | mployer | | |
| Mailing Address | | Occupation | | | |
| City | tate ZIP Code | Amount Guaranteed Outstanding | | | |
| 2. Full Name (Last, First, Middle Initia | al) | Name of E | mployer | | |
| Mailing Address | | Occupation | | | |
| City S | tate ZIP Code | Amount Guaranteed Outstanding | | | |
| 3. Full Name (Last, First, Middle Initia | il) | Name of E | mployer | | |
| Mailing Address | | Occupation | | | |
| City S | tate ZIP Code | Amount Guaranteed Outstanding | | | |
| 4. Full Name (Last, First, Middle Initia | il) | Name of E | mployer | | |
| Mailing Address | | Occupation | | | |
| City | tate ZIP Code | Amount Guaranteed Outstanding | | | |
| SUBTOTALS This Period This Page (op | tional) | | • | - | 10000.00 |
| OTALS This Period (last page in this li | ne only) | | > | | , |
| Carry outstanding balance only to LINE | 3, Schedule D, for this line. I | no Schedule | D, carry forward | d to appropriate | e line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed Summary Page FOR LINE 13 OF FORM 3X |
|--|-------------------------------|--|
| ME OF COMMITTEE (In Full) | | Transaction ID : SC/10.4268 |
| nmigration911, LLC | | |
| LOAN SOURCE Full Name (Last, Fir Stan Dull | st, Middle Initial) | Election: Primary General |
| Mailing Address | | Other (specify) ▼ |
| City | State ZIP (| Code |
| Original Amount of Loan | Cumulative Payment | To Date Balance Outstanding at Close of This Peri |
| 6000.00 |) | 0.00 6000.00 |
| Date Incurred O2 / 23 / 2012 | Date Du | le Interest Rate Secured: 1/1/2017 10.00 % (apr) Yes X |
| List All Endorsers or Guarantors (if | - 7 | |
| 1. Full Name (Last, First, Middle Initia | al) | Name of Employer |
| Mailing Address | | Occupation |
| City St | ate ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initia | l) | Name of Employer |
| Mailing Address | | Occupation |
| City St | ate ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initia | l) | Name of Employer |
| Mailing Address | | Occupation |
| City St | ate ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initia | l) | Name of Employer |
| Mailing Address | | Occupation |
| City St | ate ZIP Code | Amount Guaranteed Outstanding: |
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| OTALS This Period (last page in this lin | ne only) | > |
| arry outstanding balance only to LINE | 3. Schedule D. for this line. | If no Schedule D, carry forward to appropriate line of Summary |

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Use separate schedule(s) for each category of the Detailed Summary Page

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| | | Dotailed Carrinary Fage | |
|---|------------------------------------|--|---|
| AME OF COMMITTEE (In Full) | | Trans | saction ID : SC/10.4269 |
| nmigration911, LLC | | | |
| LOAN SOURCE Full Name (Last, | First Middle Initial) | | Election: |
| Stan Dull | Thot, whate mitaly | | Primary |
| | | | General |
| Mailing Address | | | Other (specify) ▼ |
| | | | |
| City | State ZIP | Code | |
| Original Amount of Loan | Cumulative Payment | To Date Balar | nce Outstanding at Close of This Period |
| 6000 | 0.00 | 0.00 | 6000.00 |
| TERMS | | , and the second | |
| Date Incurred | Date D | Oue Interest Rate | Secured: |
| 03 / 21 / 2012 | Y M M / D D / | 1/1/2017 | 9/ (apr) Yes X No |
| List All Endorsers or Guarantors | (if any) to Loan Source | | |
| 1. Full Name (Last, First, Middle I | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | | |
| | | Amount | |
| City | State ZIP Code | Guaranteed Outstanding: | 7 |
| 2. Full Name (Last, First, Middle In | itial) | Name of Employer | |
| Mailing Address | | Occupation | |
| | | | |
| City | State ZIP Code | Amount Guaranteed | |
| City | State ZIP Gode | Outstanding: | , |
| 3. Full Name (Last, First, Middle In | itial) | Name of Employer | |
| | | | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City | State ZIP Code | Guaranteed | |
| | | Outstanding: | |
| 4. Full Name (Last, First, Middle In | itial) | Name of Employer | |
| Mailing Address | | Occupation | |
| | | | |
| | | Amount | |
| City | State ZIP Code | Guaranteed | |
| | | Outstanding: | 7 |
| | | | |
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| arry outstanding belongs only to 11 | NE 2 Schodulo D for this line | If no Schodula D. commu farm | rard to appropriate line of Summary. |
| arry outstanding palatice offig to Life | TE 0, Ochiedale D, IOI tills lille | . II IIO Ochiedule D, Cally IOIW | ara to appropriate line or summing. |

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FOR LINE 13 OF FORM 3X

| | | Detailed 8 | Summary Page | FOR LINE 13 OF FORM 3X |
|--|------------------------------|---------------------------|------------------|------------------------------------|
| AME OF COMMITTEE (In Full) | | • | Transact | ion ID : SC/10.4100 |
| mmigration911, LLC | | | | |
| LOAN SOURCE Full Name (Last, First, N | Middle Initial) | | Ele | ection: |
| Immigration911, LLC | | | | Primary General |
| Mailing Address PO BOX 10010 | | | | Other (specify) |
| PO BOX 10010 | | | | , , , , , |
| City Manassas | State VA ZIP Co | de 20108 | | |
| Original Amount of Loan | Cumulative Payment To | Date | Balance | Outstanding at Close of This Perio |
| 115101.91 | | 0. | 00 | 115101.91 |
| TERMS Date Incurred | Date Due | | Interest Rate | Secured: |
| M M / D D / Y Y Y Y | M M / D D / Y | YYY | 10.00 | Secured. |
| 10 06 2011 | | 1/01/2017 | 10.00 | % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of Er | mployer | |
| Mailing Address | | Occupation | | |
| | | Amount | | |
| City State | ZIP Code | Guaranteed Outstanding | | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Er | • | |
| , | | | | |
| Mailing Address | | Occupation | | |
| | | Amount | | |
| City State | ZIP Code | Guaranteed Outstanding | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Er | | |
| Mailing Address | | 000000011 | | |
| Mailing Address | | Occupation | | |
| | | Amount | | |
| City State | ZIP Code | Guaranteed Outstanding | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Er | | |
| Mailing Address | | Occupation | | |
| | | | | |
| | | Amount | | |
| City State | ZIP Code | Guaranteed Outstanding | | |
| | | | • | |
| | | | | |
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| OTALS This Period (last page in this line or | nly) | | ▶ | 7 7 7 7 |
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Use separate schedule(s) for each category of the Detailed Summary Page

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| | Detailed Sulfilliary Fage |
|--|--|
| AME OF COMMITTEE (In Full) | Transaction ID : SC/10.4101 |
| mmigration911, LLC | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) | Election: |
| Immigration911, LLC | Primary General |
| Mailing Address PO BOX 10010 | Other (specify) ▼ |
| City Manassas State VA | ZIP Code 20108 |
| Original Amount of Loan Cumulative | Payment To Date Balance Outstanding at Close of This Period |
| 3000.00 | 0.00 3000.00 |
| TERMS Date Incurred | Date Due Interest Rate Secured: |
| M 1 1 18 2011 M M / D | |
| List All Endorsers or Guarantors (if any) to Loan Sou | rce |
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Code | |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Code | Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | · |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| | 2000.00 |
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Use separate schedule(s) for each category of the

PAGE 23 OF 25

FOR LINE 13 OF FORM 3X

| | | Detailed S | Summary Page | FOR LINE 13 OF | FORM 3X |
|---|-------------------------------|-------------------------------------|------------------|-------------------------|----------------|
| AME OF COMMITTEE (In Full) | | | Transac | tion ID : SC/10.4102 | |
| mmigration911, LLC | | | | | |
| LOAN SOURCE Full Name (Last, First, Immigration911, LLC | Middle Initial) | | E | ection: Primary General | |
| Mailing Address PO BOX 10010 | | | | Other (specify) | |
| City Manassas | State VA ZIP Co | de 20108 | | | |
| Original Amount of Loan | Cumulative Payment To | Date | Balance | Outstanding at Close | of This Period |
| 5000.00 | | 0. | 00 | 7 | 5000.00 |
| TERMS Date Incurred | Date Due | | Interest Rate | Soo | ured: |
| 11 21 2011 | M = M / D = D / Y | /26/2017 | 10.00 | % (apr) | Yes X No |
| List All Endorsers or Guarantors (if an | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Er | mployer | | |
| Mailing Address | | Occupation | | | |
| City State | e ZIP Code | Amount Guaranteed Outstanding | | | |
| 2. Full Name (Last, First, Middle Initial) | | Name of E | mployer | | |
| Mailing Address | | Occupation | | | |
| City State | e ZIP Code | Amount Guaranteed Outstanding | | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Er | mployer | | |
| Mailing Address | | Occupation | | | |
| City State | e ZIP Code | Amount Guaranteed Outstanding | | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of E | mployer | | |
| Mailing Address | | Occupation | | | |
| City State | e ZIP Code | Amount Guaranteed Outstanding | | | |
| SUBTOTALS This Period This Page (option | nal) | | • | 7 | 5000.00 |
| TOTALS This Period (last page in this line | only) | | > | | |
| Carry outstanding balance only to LINE 3, | Schedule D, for this line. If | no Schedule | D, carry forward | to appropriate line o | f Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 24 OF 25 FOR LINE 13 OF FORM 3X

| | Detailed Sulfilliary Fage |
|---|--|
| AME OF COMMITTEE (In Full) | Transaction ID : SC/10.4103 |
| mmigration911, LLC | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) | Election: |
| Immigration911, LLC | Primary General |
| Mailing Address PO BOX 10010 | Other (specify) ▼ |
| City Manassas State VA | ZIP Code 20108 |
| Original Amount of Loan Cumulative | e Payment To Date Balance Outstanding at Close of This Period |
| 6000.00 | 0.00 6000.00 |
| TERMS Date Incurred | Date Due Interest Rate Secured: |
| 12 / 14 / 2011 M M / D | |
| List All Endorsers or Guarantors (if any) to Loan Sou | irce |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Code | |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Code | Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 1 | |
| SUBTOTALS This Period This Page (optional) | > 6000.00 |
| TOTALS This Period (last page in this line only) | > |
| Carry outstanding balance only to LINE 3, Schedule D, for | r this line. If no Schedule D, carry forward to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 25 OF 25
FOR LINE 13 OF FORM 3X

| | Detailed Summary Page FOR LINE 13 OF FORM 3X |
|---|--|
| ME OF COMMITTEE (In Full) | Transaction ID : SC/10.4104 |
| nmigration911, LLC | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) Immigration911, LLC | Election: Primary General |
| Mailing Address PO BOX 10010 | Other (specify) ▼ |
| City Manassas State VA | ZIP Code 20108 |
| | ive Payment To Date Balance Outstanding at Close of This Perio |
| 3000.00 | 0.00 3000.00 |
| TERMS | |
| Date Incurred 12 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Date Due Interest Rate Secured: 1/26/2017 10.00 (apr) Yes No. |
| List All Endorsers or Guarantors (if any) to Loan So | ource |
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Co | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Co | Amount de Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Co | Amount de Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Co | Amount Guaranteed Outstanding: |
| UBTOTALS This Period This Page (optional) | 3000.00 |
| OTALS This Period (last page in this line only) | |
| anni autotandian halanaa asita ta 1915 0 Oct. 1 1 D. | for this line. If no Schedule D, carry forward to appropriate line of Summary. |